

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # H28067**

1. Entity Name  
CAMPBELL CRESTVIEW MEDICAL CLINIC, P.A.



Principal Place of Business

CRESTVIEW MEDICAL CLINIC  
550 W REDSTONE AVE SUITE 200  
CRESTVIEW, FL 32536 US

Mailing Address

CRESTVIEW MEDICAL CLINIC  
550 W REDSTONE AVE SUITE 200  
CRESTVIEW, FL 32536 US



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2456613

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DAN  
24 WEST CHASE STREET  
PENSACOLA, FL 32501

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Signature, typed or printed name of registered agent and fee if applicable*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000624782  
02/14/07-80049-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAMPBELL, WAYNE E  
STREET ADDRESS 550 W REDSTONE AVE SUITE 200  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE S  
NAME THIGPEN, LEE  
STREET ADDRESS 550 W REDSTONE AVE SUITE 200  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE T  
NAME JOHNSON, JOHN T  
STREET ADDRESS 550 W REDSTONE AVE SUITE 200  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE DV  
NAME CAMPBELL, DAVID M  
STREET ADDRESS 550 W REDSTONE AVE SUITE 200  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. CAMPBELL, M.D. 1/29/07

Date

850-682-6122

Daytime Phone #